



CONSUMER COMPLAINT AGAINST A BUSINESS/CORPORATION

Section 1 – Type of Complaint												
<p>I want to notify the Attorney General of a consumer issue that may be affecting other Californians and might be considered for legal action in the public interest. In filing this complaint, I understand that the Attorney General cannot act as my personal lawyer in seeking private remedies. I also understand that my complaint may be referred to another agency for response as appropriate.</p>												
This is a consumer complaint against a company /organization.						This is a shareholder, limited partnership or nonprofit mutual benefit corporation complaint						
Section 2 – Your Contact Information (To receive a response in writing, you must provide your mailing address)												
First Name				MI		Last Name						
Address												
City				State		Zip Code						
Home Phone						Work Phone						
Section 3 – Complaint Against												
Company Name												
Address												
City				State		Zip Code						
Phone												
Web Site (If Known)												
Section 4 – Your Complaint												
Name of the product or service involved												
Dollar amount in dispute												
Date of the transaction												
Was the product advertised		Yes	No	Date		Where						
Was a contract signed		Yes	No									
Have you contacted another agency about this		Yes	No	Agency's Name								
Have you contacted an attorney		Yes	No	Attorney's Name								
						Address						
						Phone						
Is court action pending		Yes	No	If yes, which court?								
Have you lost a lawsuit in this matter?		Yes	No	If yes, which court?								
Identify your attempts to resolve your dispute with the company/organization.												
Describe briefly how you believe this office can be of assistance.												
Please provide a factual statement that clearly describes the date, place and nature of the incident prompting your complaint. Attach additional pages if more space is needed. Also attach copies of any supporting documentation. DO NOT SEND ORIGINALS.										Total # Pages Attached		
<p>[If you need more space and are using this fillable form, create a document (e.g. MS Word or WordPerfect) to print and attach.]</p>												
Section 5 – Statement												
I affirm that the information herein is true and accurate, and will sign a sworn statement if needed.										Yes	No	
You may send this complaint to the party named and I authorize that party to release any and all information with regard to this complaint to the California Department of Justice.										Yes	No	
Signature						Date						